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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. 10/765,427
Filing Date: January 27, 2004
Applicant: Robert LaFave et al.
Group Art Unit: 3753
Examiner: To be assigned
Title: DECORATIVE SYSTEM COMPOSITE AND METHOD
Attorney Docket: POL-00011

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

STATUS LETTER

Sir:

Please advise when we may expect an Office Action in the above-identified patent application, which was filed on January 24, 2004. Also, please note that a Petition to Make Special was filed for this application on April 13, 2004.

Respectfully submitted,

WARN, HOFFMANN, MILLER & LALONE, P.C.
Attorneys for Applicant(s)

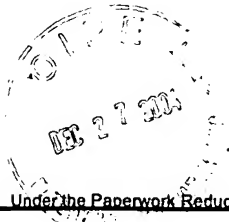
Dated: 1/27/04

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/765,427	
	Filing Date	January 27, 2004	
	First Named Inventor	Robert LaFave et al.	
	Art Unit	3753	
	Examiner Name	To be assigned	
Total Number of Pages in This Submission	3	Attorney Docket Number	POL-00011

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Status Letter & Return Receipt Postcard.
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Warn, Hoffmann, Miller & LaLone, P.C.		
Signature			
Printed name	Preston H. Smirman		
Date	December 20, 2004	Reg. No.	35365

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Signature			
Typed or printed name	Preston H. Smirman	Date	December 20, 2004

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